



SAMHSA-HRSA Center for Integrated Health Solutions

Kentucky eHealth Summit

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Center for Integrated Health Solutions (CIHS)

- **The SAMHSA-HRSA CIHS is funded under a training and technical assistance cooperative agreement with SAMHSA**
- **Update on CIHS HIT Supplement**
 - **Individual Grantees**
 - **5 state HIE Initiative**



PBHCI Program

Program purpose:

- To improve the physical health status of people with SMI by supporting communities to coordinate and integrate primary care services into publicly funded community-based behavioral health settings

Expected outcome:

- Grantees will enter into partnerships to develop or expand their offering of primary healthcare services for people with SMI, resulting in improved health status

Population of focus:

- Those with SMI served in the public behavioral health system

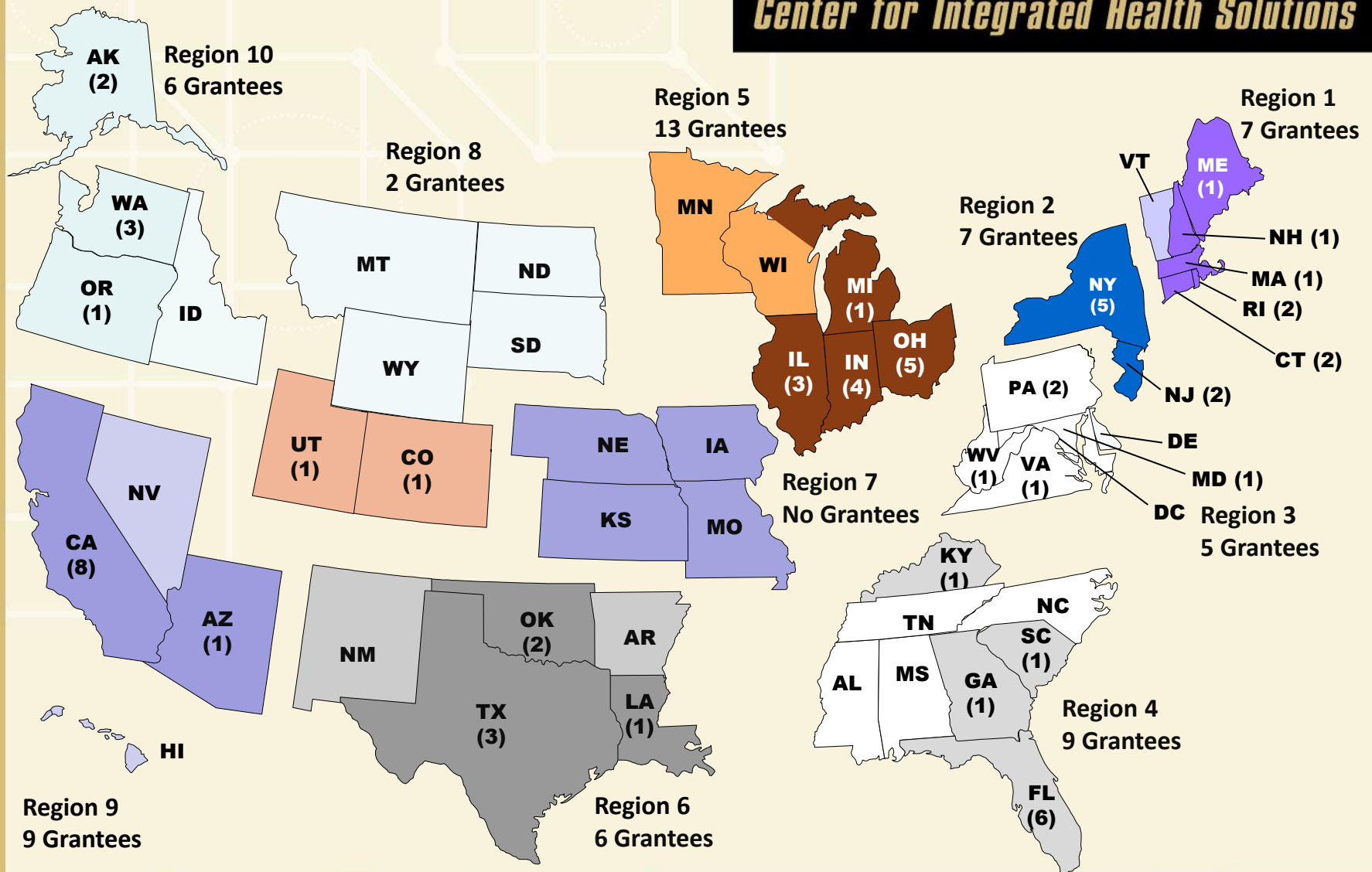
Eligible applicants:

- Community behavioral health agencies, in partnership with primary care providers



PBHCI Grantees by HHS Regions

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CIHS PBHCI HIT Supplement Grant Technical Assistance and Training

Challenge – Support the implementation of Behavioral Health electronic health records systems (EHRs) and BH provider participation in “Meaningful Use” through the exchange of patient data, under the umbrella of the PBHCI initiative



Requirements

Three Grant Requirements

- Implement a certified Electronic Health Record System
- Attain Meaningful Use
- Engage in patient information exchange to improve patient care



HIE Supplement



Eligibility Criteria:

- **There must be a PBHCI Grantee in the state**
 - **29 States**
- **Behavioral Health must be specifically included in their State Plan on the ONC web site**
 - **A Behavioral Health Organization or person identified as a Behavioral Health representative is clearly included**
 - **On the Steering Committee**
 - **On the Advisory Committee**
 - **On a Workgroup**
 - **Or there was a specific Behavioral Health Workgroup**
 - **12 States met criteria**
 - **8 submitted applications**



Applications Sent Out

State	# of HIT Grantees	Behavioral Health Representative identified on Governance/Steering/Advisory Committee
CA	8	Y
FL	6	Y
OH	5	Y
IL	3	Y
TX	3	Y
OK	2	Y
RI	2	Y
CO	1	Y
KY	1	Y
ME	1	Y
NH	1	Y
UT	1	Y



Applications Received

State	# of HIT Grantees	Behavioral Health Representative identified on Governance/Steering/Advisory Committee
CA	8	Y
OH	5	Y
IL	3	Y
OK	2	Y
RI	2	Y
KY	1	Y
ME	1	Y
UT	1	Y

One non solicited application received from Alabama. There are no PBHCI Grantees in Alabama



HIE Supplement

Goals

- To develop infrastructure supporting the exchange of health information among behavioral health and physical health providers
- Development or adaptation of electronic health information exchange (HIE) systems to support the exchange
- Work through the challenges of exchanging 42 CFR data and implement a process to do so
- Identify the behavioral health data elements that should be part of the CCD



HIE Supplement

➤ States Awarded HIE Supplement Sub Awards

- IL
- **KY**
- ME
- OK
- RI



HIE Supplement

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- **Coordination with other Federal Programs & Initiatives**
- **Coordinating Activities with**
 - **HL7 Behavioral Health CCD Workgroup**
 - **ONC's Standards and Interoperability Framework Transitions of Care Workgroup**
 - **ONC's Standards and Interoperability Framework Data Segmentation Workgroup**
 - **ONCs State Health Policy Consortium Project (RTI Initiative) for behavioral health data sharing**
 - **AL, FL, KY, NE, NM, MI Plus other states**
- **Other states are also participating: CO; NY; UT**



Predominant Challenge:

- **Development of a 42 CFR Compliant Consent that is Computable in a HIE Environment**



Our Approach:

- **Build on What is Already Developed**
- **Coordinate with ONC & S&I Workgroups**
- **Coordinate with SAMHSA**
- **Ensure Legal Input**
 - **3 of 5 HIEs have their legal experts regularly involved on the calls**
- **Identify current “Better Practices”**



- **42 CFR Regs and SAMHSA FAQs 1 and 2 side by side as Consent developed**
- **HIEs obtained input from their Behavioral Health Workgroups**
- **HIEs invited their vendors to participate and comment as well**



A written consent to a disclosure under the Part 2 regulations must be in writing and include all of the following items (42 CFR § 2.31):

- 1) the specific name or general designation of the program or person permitted to make the disclosure;
- 2) the name or title of the individual or the name of the organization to which disclosure is to be made;
- 3) the name of the patient;
- 4) the purpose of the disclosure;
- 5) how much and what kind of information to be disclosed;
- 6) the signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under § 2.14; or, when required for a patient who is incompetent or deceased, the signature of a person authorized to sign under § 2.15 in lieu of the patient;
- 7) the date on which the consent is signed;
- 8) a statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer; and
- 9) the date, event or condition upon which the consent will expire if not revoked before. This date, event, or condition must insure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.



**For more information about Kentucky's
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Thank you

